



Chaminade University

O F H O N O L U L U

Graduate Programs

3140 Waialae Avenue, Honolulu, Hawai'i 96816

Official Use Only

Student ID#	
Date Application Rec'd	
Application Fee Rec'd	

APPLICATION FOR ADMISSION TO THE GRADUATE PROGRAM

Note to the applicant: Please complete all entries. Please type or print with a black pen. This form should be accompanied by a **non-refundable \$50.00 application fee** and mailed to the graduate program of your choice in care of Chaminade University of Honolulu, 3140 Waialae Avenue, Honolulu, HI 96816. Please make checks payable to Chaminade University of Honolulu.

GENERAL INFORMATION

Name _____
Last First Middle

Maiden/Other Names used _____ Gender Male Female

Social Security # or INS Form 20# _____ Date of Birth (Mo/Day/Yr) _____

Current Mailing Address _____
City State Zip

Permanent Address _____
City State Zip

Home Telephone _____ Business Telephone _____ Pager _____

Cellular _____ Fax _____ E-mail Address _____

Emergency Contact _____
Name Address Phone Number

Are you a citizen of the US? Yes No If not, name country of Citizenship _____

What type of visa will you hold? _____ If permanent resident, check here

GRADUATE PROGRAM OF YOUR CHOICE

Please indicate the program of your choice below. If you are applying for more than one program, only one application fee is required. Please refer to program catalog for requirements for Advanced Certificates.

Master of Business Administration (MBA)

- MBA
- Accounting MBA
- Public Sector MBA

Certificate

- Advanced Professional Certificate

Master of Science in Counseling Psychology (MSCP)

Emphasis

- Community Counseling
- School Counseling
- Marriage & Family Counseling

Master of Pastoral Theology (MPT)

Certificates

- Theology
- Leadership

Master of Science in Criminal Justice Administration (MSCJA)

Certificates

- Homeland Security

Master of Science in Forensic Sciences

Master of Education Program (MEd)

(check all that apply)

- MEd Non-licensure
- MEd with Licensure or Certification

Licensure

- Elementary (ELEM)
- Secondary _____ (subject you intend to teach)
- Special Education

Certificates

- Montessori ECE Credential

Seeking Admission as Degree Candidate Non-degree candidate Certificate candidate

Term of Enrollment Fall (October-December) 20____ Winter (January-March) 20____
 Spring (April-June) 20____ Summer (July-September) 20____

For MSFS applicants only Fall (August) 20____ Spring (January) 20____

Applying for Financial Aid? Yes No

Source of Aid Chaminade University Kamehameha Scholarship VA TA Other _____

ADMISSION REQUIREMENTS

The following is required by all graduate programs:

- **Complete Application Form**
- **Application Fee of \$50**
- **Official Transcripts** (two copies for each college or university attended)
- **TOEFL 550 paper/230 online or above** (international students only)*
- **Official Bank Statement** (international students only)
- **Interview**

Each graduate program may have additional admission requirements beyond those indicated above. Two follow:

	MBA	MSCP	MPT	MSFS	MSCJA	MED
• Letters of Recommendation (Academic or Professional).....	N/A	3	2	3	3	3
• Additional Requirements				GRE	Senior Research Paper	

*TOEFL The TOEFL requirement is waived for applicants who have earned a degree from an accredited American college or university.

I took the TOEFL in _____ (mo.), _____ (yr.). Score was _____

I have had the scores sent to Chaminade.

I will take the TOEFL in _____ (mo.), _____ (yr.). Score was _____

I will have the scores sent to Chaminade.

EDUCATIONAL BACKGROUND

Please list all colleges/universities attended, beginning with the most recent. **NOTE: TWO OFFICIAL COPIES OF TRANSCRIPTS, MAILED DIRECTLY FROM ISSUING INSTITUTION, MUST BE SENT TO THE PROGRAM OF CHOICE.**

Name of Institution	Location	Date		Degree	Major	Date Conferred	Cumulative GPA	Credit Hours Earned
		From	To					

OCCUPATIONAL HISTORY

Please list all jobs held relevant to the field of graduate work, beginning with the most recent position. You may attach a resumé to this application, if you prefer.

Name of Organization	Location	Date		Job Title
		From	To	

NARRATIVE RESPONSES

The submission of narrative responses is required by all the graduate programs. The applicant is allowed to supply his/her responses on an additional sheet, if desired.

1. Describe how your work experience has prepared you for future graduate study in the program to which you are applying.

2. Describe in detail the long-range career goals you have at this time relative to the program to which you are applying.

VOLUNTARY INFORMATION

The following information is voluntary and will be used to compile data to be released as unidentifiable portions of statistical reports requested of educational institutions by the Department of Education under the Title VI. of the Civil Rights Acts of 1964.

Military Status Army Navy Marines Air Force Coast Guard Veteran Dependent

Religion _____

Ethnic Background (Please check all that apply; *U.S. Citizens only*)

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino | |

I hereby certify that the information given in this application is complete and correct to the best of my knowledge. If accepted into Chaminade's graduate program(s), I will adhere to the Institutional and Academic Policies as outlined in the Graduate Programs General Catalog and will honor the policies that govern the accepting program(s). I also will maintain my professionalism in all aspects throughout my student career at Chaminade University of Honolulu.

Any change in information, including the mailing address, should be brought immediately to the attention of the graduate program of your admittance.

Signature _____

Date _____